BRIAN SANDOVAL Governor

LEO DROZDOFF

Director



JASON KING, P.E. State Engineer

KIRK OWSLEY
Supervising
Water Commissioner

# DIVISION OF WATER RESOURCES ELKO BRANCH OFFICE

1250 Lamoille Hwy., Bldg. 10, Ste. 1047 Elko, Nevada 89803 (775) 753-3553 • Fax (775) 753-9483 http://water.nv.gov

### Water Commissioner, Humboldt Water District Non-Classified Position PCN 0004

This position is located in Elko, Nevada, and is predominantly a field position that will require approximately 10 percent overnight travel. Duties include distribution of irrigation and stock water in accordance with the Humboldt River Decree, measurement of surface water flows, measurement of groundwater levels, assisting in annual crop and pumpage inventories and operation and maintenance of South Fork Dam. Training will be provided by the Division of Water Resources' staff and an operator certification at South Fork dam will be required. The position reports to the Supervising Water Commissioner in Elko.

The position requires the ability to lift a minimum of 60 lbs, walk considerable distances in rugged terrain, work in inclement weather conditions, safely operate a 4 WD vehicle, perform light construction and maintenance duties, operate a personal computer and read topographic maps. A customer-service oriented attitude and ability to work alone are essential. Training or education in surveying, use of global positioning system (GPS) devices and natural resource managment is desirable.

#### **Education and Experience:**

- Graduation from high school or equivalent education.
- Two years of relevant work experience or an equivalent combination of education and experience is preferred.

#### **Special Requirements:**

- A pre-employment criminal history check and fingerprinting are required.
- A valid Nevada driver's license is required.

**Approximate Annual Salary:** This is a non-classified position and the salary range is \$35,997 to \$52,847. Salary range reflects retirement (PERS) contributions by both the employee and employer. An employer paid only contribution plan is also available with a reduced gross salary. Also includes State of Nevada (PEBP) benefits package. Please note: Per Nevada State Senate Bill 505 of the 2011 Legislature, State of Nevada employees are required to take unpaid furlough leave.

**To Apply:** Submit a completed application and resume' in person or by mail to the Division of Water Resources, 1250 Lamoille Highway, Suite 1047, Elko, NV 89801.

## **Division of Water Resources Application for Employment**

<u>PLEASE TYPE OR PRINT</u>. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered.

Name:			<del></del>			
Street Address:						
City, State & Zip:						
Home Phone:	Work Phone:		Ot	her Phone:		·
Preferred method of Con	itact:					
Do you have a valid Nev	ada driver's licen	se? Yes N	0			
Have you ever been conv	victed of a misden	neanor or felony?	Yes	No		
Have you been convicted	d of a moving traf	fic violation in the l	ast 5 years?	]Yes		
If yes to either question,	please provide a s	statement below:				
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EDUCATION:		TEND 4 of	If Von data			
Name of School	City/State	Did you graduate?	If No, # of years left to	If Yes, date		Constructed 192
High School:					Degree received	Major
		Yes No	graduate	of Graduation	MANAGEMENT OF THE PARTY OF THE	Major
GED:		Yes No			MANAGEMENT OF THE PARTY OF THE	Major
GED: Other School:					MANAGEMENT OF THE PARTY OF THE	Major
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Other School: College:		☐Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No			MANAGEMENT OF THE PARTY OF THE	Major
Other School:  College:  College:	es/ professional at	Yes No     Yes No     Yes No     Yes No     Yes No	graduate	Graduation	received	
Other School:  College:  College:	es/ professional at	Yes No     Yes No     Yes No     Yes No     Yes No	graduate	Graduation	received	

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Dates Employed (most recent		Title:
position)	Full time Part-time	
From: To	If part-time, # hrs./wk:	
Starting Salary:	Organization Name and Address:	
Final Salary:		
Reason for Leaving:	Supervisor's Name, Title and Phone #	#:
Primary Duties:		
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Dates Employed (most recent position)	Full time Part-time	Title:
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Reason for Leaving:	Supervisor's Name, Title and Phone #	<del>!</del> :

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Dates Employed (most recent		Title:		
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From: To				
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Starting Salary:	Organization Name and Address:			
Final Salary:				
Reason for Leaving:	Supervisor's Name, Title and Phone #:			
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Primary Duties:				
PROFESSIONAL REFERENC		Tax .		
Name, Title:	Address:	Phone No.:		
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I certify that the information on this a	pplication and its supporting documents is accu	arate and complete.		
Applicant Signatures	Th.	ato:		
Appucant Signature:	Di	Date:		